

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/556903

FILING DATE

11-15-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		3		3		
4		3		3		
5		3		3		
6		3		3		
7		2		2		
8		2		2		
9		2		2		
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14		1		1		
15		3		3		
16		3		3		
17		3		3		
18		3		3		
19		3		3		
20		3		3		
21		3		3		
22		3		3		
23		3		3		
24		3		3		
25	1		1			
26	1	1	1	1		
27	1		1			
28		1		1		
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48						
49						
50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	21	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						